

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

FEB 15 1937

22

1. PLACE OF DEATH

County AstairRegistration District No. 4Township DeerPrimary Registration District No. 5007City St. Louis (No. 1)File No. 2Registered No. 2St. St. Louis Ward 2

2. FULL NAME

Margaret Swope(a) Residence, No. St. Louis Ward 2

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFGeorg Swope

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Mar 26 - 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.8095

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

French salon

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Cork Ireland 15

MOTHER FATHER

13. NAME

Martin Holey 15

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland 10

15. MAIDEN NAME

Margaret Dillon

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

17. INFORMANT

(ADDRESS)

Georg Swope Jr

18. BURIAL, CREMATION, OR REMOVAL

PLACE La Platte Mo. DATE Jan 8 1937

19. UNDERTAKER

(ADDRESS)

J. A. Christie
La Platte, Mo.

20. FILED

Jan 11 1937 Spencer Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to , 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

old age -

Date of onset

(Apoplexy)

Other contributory causes of importance:

apoplexy

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Dr. Riley Coroner M. D.(Address) Hicksville Mo

